

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **F92000000882 (2)**

1. Corporation Name

GRAYCOR CONSTRUCTION COMPANY INC.

Principal Place of Business

Mailing Address

**ONE GRAYCOR DRIVE
HOMEWOOD IL 60430**

**ONE GRAYCOR DRIVE
HOMEWOOD IL 60430**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/23/1992

4. FEI Number

36-3205038

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25	Country	30	Country

9. Name and Address of Current Registered Agent

**THE PRENTICE HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	C D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, MELVIN	1.2 NAME	
STREET ADDRESS	ONE GRAYCOR DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOMEWOOD IL	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MANSON, BRUCE	2.2 NAME	ISAACS, KENNETH
STREET ADDRESS	ONE GRAYCOR DRIVE	2.3 STREET ADDRESS	ONE GRAYCOR DRIVE
CITY-ST-ZIP	HOMEWOOD IL	2.4 CITY-ST-ZIP	HOMEWOOD, IL 60430
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH, MICHAEL	3.2 NAME	
STREET ADDRESS	ONE GRAYCOR DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOMEWOOD IL	3.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIZANIN, MICHAEL O	4.2 NAME	
STREET ADDRESS	ONE GRAYCOR DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOMEWOOD IL	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUNDELL, W J	5.2 NAME	
STREET ADDRESS	ONE GRAYCOR DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOMEWOOD IL	5.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAY, STEVEN	6.2 NAME	
STREET ADDRESS	ONE GRAYCOR DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOMEWOOD IL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE

CR2E034 (10/97)